

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:  4	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI LARRY A NICKNAME LAST SUFFIX BRUNER			<b>OFFICE USE ONLY</b>  Date Received 01 JUN 27 AM 9:18 CITY OF SAN ANTONIO Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 4011 FAUNRIDGE SAN ANTONIO TX 78229 <input type="checkbox"/> Change of Address				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI JAMES L. NICKNAME LAST SUFFIX BRUNER				
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 6211 CAIRO, SAN ANTONIO TX 78229				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 684 5898				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 04 / 26 / 01          06 / 25 / 01				
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special / /				
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

LARRY ALAN BRUNER

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0<sup>00</sup> ~~100<sup>00</sup>~~ 73

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 100<sup>00</sup>EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

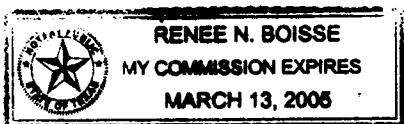
\$ 1112<sup>73</sup>OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0<sup>00</sup>

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Larry Bruner*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Bruner, this the 26<sup>th</sup> day of June, 20 01, to certify which, witness my hand and seal of office.

*Renee N. Boisse*  
Signature of officer administering oath

Renee N. Boisse  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date  4/26/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CECILIA S. OSHEROW 6 Contributor address; City; State; Zip Code 422 E. Rosewood SAN ANTONIO TX 78212	7 Amount of contribution (\$)  100 <sup>00</sup>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



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Revised 04/03/2000

**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The instruction Guide explains how to complete this form.				<b>1</b> Total pages this Schedule B1:	
<b>2</b> FILER NAME				<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒					\$ -

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  <b>7</b> Pledgor address;      City;    State;    Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>10</b> Principal occupation (optional)		<b>11</b> Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

LARRY A. BRUNER

3 ACCOUNT # (Ethics Commission files)

<p>4 Date</p> <p>4/27/01</p>	<p>5 Payee name</p> <p>KINKOS</p> <p>6 Payee address; City; State; Zip Code</p> <p>3740 NW Loop 410 SAT 78229</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.)</p> <p>FLYERS</p>	<p>8 Amount (\$)</p> <p>\$311.91</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>4/27/01</p>	<p>Payee name</p> <p>KINKOS</p> <p>Payee address; City; State; Zip Code</p> <p>3740 NW Loop 410 SAT 78229</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>FLYERS</p>	<p>Amount (\$)</p> <p>\$200.29</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>4/27/01</p>	<p>Payee name</p> <p>KINKOS</p> <p>Payee address; City; State; Zip Code</p> <p>3740 Loop 410 SAT 78229</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>FLYERS</p>	<p>Amount (\$)</p> <p>\$300.07</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>4/27/01</p>	<p>Payee name</p> <p>KINKOS</p> <p>Payee address; City; State; Zip Code</p> <p>3740 Loop 410 SAT 229</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	<p>Amount (\$)</p> <p>\$300.46</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

The instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount  
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

LARRY ALAN BRUNER

**2 ACCOUNT # (Ethics Commission Bars)****3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A &amp; B below only if you are a candidate --

**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of OfficeholderRECEIVED  
CITY OF SAH ARTOULU  
CITY CLERK  
01 JUN 27 AM 9:10

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 07/11/01 54	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI LARRY A		OFFICE/USE ONLY		
	NICKNAME LAST SUFFIX BRUNER		Date Received		
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4011 FAWN RIDGE SAN ANTONIO TX 78229		Date Hand-delivered or Date Postmarked		
	5 CAMPAIGN TREASURER NAME		Receipt # Amount		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI JAMES L.		Date Processed		
	NICKNAME LAST SUFFIX BRUNER		Date Imaged		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6211 CALICO SAN ANTONIO TX 78229				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 684-5898				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 3 / 27 / 01    4 / 25 / 01				
10 ELECTION	ELECTION DATE Month Day Year 5 / 5 / 01		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) DISTRICT 8 CITY COUNCIL TX		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

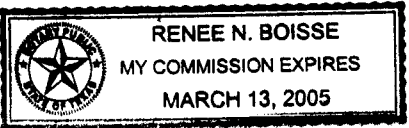

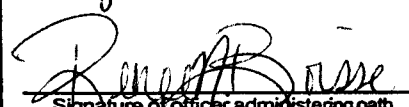
GO TO PAGE 2





# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>01 MAY - 1 2011: 54</i>		15 ACCOUNT # (Ethics Commission files)	
16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS   EXPENDITURE TOTALS   OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0	
	4. TOTAL POLITICAL EXPENDITURES	\$ 793 45	
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0	
19 AFFIDAVIT  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  <p style="text-align: center;">RENEE N. BOISSE MY COMMISSION EXPIRES MARCH 13, 2005</p> </div> <div style="width: 65%;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="text-align: center;">             Signature of Candidate or Officeholder         </div> </div> </div> <p style="text-align: center;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>LARRY BRUNER</u>, this the <u>27</u> day of <u>April</u>, 20 <u>01</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">             Signature of officer administering oath         </div> <div style="width: 30%;"> <u>Renee N. Boisse</u>            Printed name of officer administering oath         </div> <div style="width: 30%;">           Title of officer administering oath         </div> </div>			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.			<b>1</b> Total pages this Schedule A1: _____	
<b>2</b> FILER NAME			<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)		<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code				
<b>9</b> Principal occupation (Optional)			<b>10</b> Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code				
Principal occupation (Optional)			Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code				
Principal occupation (Optional)			Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code				
Principal occupation (Optional)			Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code				
Principal occupation (Optional)			Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission files)**4** TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#: \_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address;      City;    State;    Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a financial Institution?

Y      N

**8** Lender address;   City;   State;   Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address;   City;   State;   Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y      N

Lender address;   City;   State;   Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address;   City;   State;   Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount  
(\$)**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

LARRY BRUNER

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Allied Screen Printing

6 Payee address;

City; State; Zip Code

3700 Bluma SAN ANTONIO TX 78212

8

Amount  
(\$)

476.35

7 Purpose of expenditure (See instructions regarding type of information required.)

YARD SIGNS

Reimbursement  
from political  
contributions  
intended

Date

Payee name

EASY DRIVE

Payee address;

City; State; Zip Code

906 Ruiz St SAN ANTONIO TX 78207

Amount  
(\$)

91.69

Purpose of expenditure (See instructions regarding type of information required.)

STAKES &amp; NAILS

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Election Support Services

Payee address;

City; State; Zip Code

4958 Military Drive West  
SAN ANTONIO TX 78242Amount  
(\$)

218.24

Purpose of expenditure (See instructions regarding type of information required.)

VOTER LIST

Reimbursement  
from political  
contributions  
intended

Date

Payee name

EASY DRIVE

Payee address;

City; State; Zip Code

906 Ruiz St SAN ANTONIO TX 78207

Amount  
(\$)

6.47

Purpose of expenditure (See instructions regarding type of information required.)

Stakes &amp; NAILS

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement  
from political  
contributions  
intended

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Revised 1997

# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

01 MAY -1 AM 1:54

1 Total pages Schedule H:

3 ACCOUNT # (Ethics Commission files)

2 FILER NAME

4 Date

5 Business name

7 Amount  
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name ..... 6 Payor address; City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name ..... Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

## A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
\_\_\_\_\_  
Signature of Candidate

## 5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --
☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.
\_\_\_\_\_  
Signature of Officeholder



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT# (Ethics Commission Form) 11743		2 Total pages filed: 3	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI LARRY A.		OFFICE USE ONLY		
	NICKNAME LAST SUFFIX BRUNER				
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 4011 FAUNRIDGE SAN ANTONIO TX 78229		Date Received		
			Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI JAMES L.		Receipt # Amount		
	NICKNAME LAST SUFFIX BRUNER		Date Processed		
				Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 6211 CAIRO, SAN ANTONIO TX 78229				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 684 5898				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 3 / 9 / 01    3 / 26 / 01				
10 ELECTION	ELECTION DATE Month Day Year 5 / 5 / 01		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) DISTRICT 8 - CITY COUNCIL TX		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure: --				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

LARRY BRUNER

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

--

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

350<sup>00</sup>EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

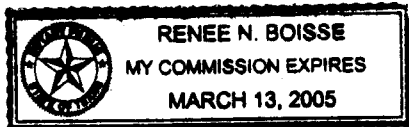
\$

100<sup>00</sup>OUTSTANDING  
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LARRY BRUNER, this the 5<sup>TH</sup> day of April, 20 01, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

RENEE BOISSE  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

LARRY BRUNER

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/12/01

5 Full name of contributor

☐ out-of-state PAC (ID#:

MARIE BRUNER

6 Contributor address; City; State; Zip Code

6211 CAIRO

SAN ANTONIO TX 78229

7 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission files)**4** TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID# \_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address;      City;   State;   Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

LARRY BRUNER

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

CITY OF SAN ANTONIO - CITY CLERK

6 Payee address; City; State; Zip Code

MILITARY PLAZA

SAN ANTONIO TX 78204

8 Amount  
(\$)

\$100.00

7 Purpose of expenditure (See instructions regarding type of information required.)

FILING FEE

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount  
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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